



Louisiana Department of Health
Informational Bulletin 21-15
Revised September 22, 2021

General Anesthesia and Facility Reimbursement Increase for Dental Treatment Provided in a Hospital Outpatient Setting

General anesthesia for dental procedures is a necessary part of surgical services for some children and, when clinically indicated, for individuals with intellectual and developmental disabilities. In an effort to increase access to these necessary services and reduce wait lists, House Bill 1 of the 2021 regular legislative session provides funding to increase facility and general anesthesia reimbursement when dental treatment is provided in a hospital outpatient setting.

The effective date of service for the following rate increases is July 1, 2021:

General Anesthesia

Additional reimbursement of **\$20.00 per time unit** (each time unit is equal to 15 minutes).

Anesthesia providers:

To receive the additional reimbursement, modifier -23 must be appended to the anesthesia CPT code 00170 in addition to other appropriate anesthesia modifiers when a dental procedure is performed. The general anesthesia reimbursement formula has been revised to calculate the additional reimbursement. The additional reimbursement will be applied after all other calculations take place.

The updated Anesthesia chapter of the Professional Services manual will be published following the completion of the public posting process. The fee-for-service Anesthesia Fee Schedule has been updated to reflect this additional calculation as part of the general anesthesia formula-based reimbursement.

Fee-for-Service:

The fee-for-service claims processing system has been updated to allow the additional reimbursement for the general anesthesia services described above. Applicable claims previously submitted for dates of service on or after July 1, 2021, may be submitted for adjustment or be voided and resubmitted to receive the additional reimbursement. (See Appendix E of the *Professional Services* manual for information on adjustments and voids).

MCOs:

MCOs must notify providers, via their provider portals, of the updated policy within four business days of this bulletin and publish updated provider manuals that reflect this policy within 30 calendar days thereafter.

MCOs are to update their claims processing systems to accommodate the additional reimbursement and be able to accept claims no later than 60 days from the publishing of the updated Anesthesia fee schedule available on the Medicaid website.

Facility Reimbursement

Additional reimbursement of at least **\$400.00 per procedure**.

Hospital Providers:

To receive the additional reimbursement, CPT code 41899 must be used.

Fee-for-Service:

The Outpatient Hospital Ambulatory Surgery fee schedules and fee-for-service claims processing system have been updated to allow the additional facility reimbursement as described above. Applicable claims previously submitted for dates of service on or after July 1, 2021 may be submitted for adjustment or be voided and resubmitted to receive the additional reimbursement.

MCOs:

MCOs are to update their claims processing systems to accommodate the additional facility reimbursement and be able to accept claims no later than 60 days from the publishing of the updated Outpatient Hospital Ambulatory Surgery fee schedule available on the Medicaid website.

~~The department is working toward implementation of the above reimbursement rate increases and accompanying policy. At this time, claims will not be paid at the increased rates. When additional information is available and claims processing systems are modified to accommodate the increases, this Informational Bulletin will be updated. Providers then will be able to resubmit claims for dates of service on or after July 1, 2021 to receive the additional reimbursement.~~

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